

NOV 04 2004

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/625,427	
	Filing Date	July 23, 2003	
	First Named Inventor	Albert Kreh	
	Art Unit	2878	
	Examiner Name	PYO, Kevin K.	
Total Number of Pages in This Submission	3	Attorney Docket Number	21295.62 (H5650US)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Reimbursement
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Maria M. Eliseeva
Signature	<i>Maria M. Eliseeva</i>
Date	November 4, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Claire J. Handalian		
Signature	<i>Claire J. Handalian</i>	Date	November 4, 2004

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NOV 04 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re:	Albert Kreh	Confirmation No:	9190
Serial No:	10/625,427	Group:	2878
Filed:	July 23, 2003	Examiner:	Pyo, Kevin K.
For:	Autofocus Module for Microscope-Based Systems		
Customer No.:	25263		
Attorney Docket No.	21295.62 (H5650US)		

REQUEST FOR REIMBURSEMENT

VIA FACSIMILE: 703-872-9306
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

On September 28, 2004 applicant's attorney filed an Amendment for the above-referenced application. On the fee transmittal which accompanied the amendment, the amount of \$216 was listed as the fee for extra claims.

On our deposit account statement for October 2004, applicant's attorney notes the charge for the extra claims is in the amount of \$324, which is the amount for 18 extra claims at \$18.00 per extra claim. On the deposit account statement, the posting date is listed as 10/07/04 and the posting reference is 10625427.

Application No.: 10/625,427
Attorney Docket No.: 21295.62 (H5650US)

Applicant's attorney requests a refund in the amount of \$108, which is the difference between the charge of \$324 for 18 extra claims and the correct amount due of \$216 for 12 extra claims.

Respectfully submitted,

By Maria Eliseeva
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Lexington, Massachusetts 02421
Date: *November 4, 2004*